

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/14
O.I.P.E. CLASSIFIER	SB	19	10/18
FORMALITY REVIEW		#02033	10-27-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	10/14
2	10/14
3	10/14
4	10/14
5	10/14
6	10/14
7	10/14
8	10/14
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49	10/14
50	10/14

Claim	Date
Final	Original
51	10/14
52	10/14
53	10/14
54	10/14
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98	10/14
99	10/14
100	10/14

Claim	Date
Final	Original
110	10/14
111	10/14
112	10/14
113	10/14
114	10/14
115	10/14
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143	10/14
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150	10/14

If more than 150 claims or 10 actions  
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